

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**



Applicant(s): Peter M. Bonutti                      Examiner: Thaler, Michael H.  
Serial No.: 10/743,125                      Group: Art Unit : 3739  
Filed: December 22, 2003                      Dated: September 5, 2006  
For: **FLUID OPERATED RETRACTORS**

Mail Stop: RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	OR	RATE	ADDIT. FEE
TOTAL	*9	MINUS	** 20	= 0	X 25	\$	X 50	\$ 0
INDEP.	* 2	MINUS	** 3	= 0	X 100	\$	X 200	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					X 180	\$	X 360	\$ 0
					TOTAL		OR TOTAL	\$ 0
					ADDIT. FEE	\$ -0-		

- \* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: September 5, 2006

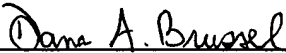
Dana A. Brussel

[ ] . Please charge Deposit Account No. **21-0550** in the amount of \$\_\_\_\_. Two (2) copies of this sheet are enclosed.

[ ] A check in the amount of \$\_\_\_\_ is enclosed.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. **21-0550**. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. **21-0550** therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

  
Dana A. Brussel, Esq.  
Reg. No. 45,717  
Attorney for Applicant(s)

*Carter, DeLuca, Farrell & Schmidt, LLP*  
445 Broad Hollow Road, Suite 225  
Melville, New York 11747  
Tel.: (631) 501-5700  
Fax: (631) 501-3526

**Correspondence address:**

Chief Patent Counsel  
United States Surgical,  
a Division of Tyco Healthcare Group, LP  
195 McDermott Road  
North Haven, CT 06473